

3763

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PTO/SB/21 (08-00)

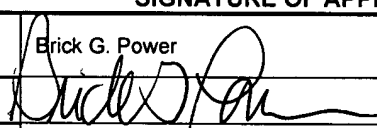
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PTO TRANSMITTAL FORM (to be used for correspondence after initial filing)	Application Number	09/686,263
	Filing Date	October 10, 2000
	First Named Inventor	Syroid et al.
	Group Art Unit	3763
	Examiner Name	A. Ahmed
Attorney Docket Number		3102-5938US (U-3103 (4314 P))

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Response to Restriction Requirement dated August 3, 2005	<input type="checkbox"/> Petition for Extension of Time and Check No. _____ in the amount of \$ _____	
<input type="checkbox"/> Amendment in response to office action dated _____	<input type="checkbox"/> Petition	
<input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated _____	<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Additional claims fee - Check No. _____ in the amount of \$ _____	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. _____ with changes made in red	<input type="checkbox"/> Assignment Papers (for an Application)	
<input type="checkbox"/> Transmittal of Formal Drawings	Remarks	
<input type="checkbox"/> Formal Drawings (_____ sheets)	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Erick G. Power Registration No. 38,581
Signature	
Date	September 6, 2005

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Syroid et al.

Serial No.: 09/686,263

Filed: October 10, 2000

For: METHOD AND APPARATUS FOR
MONITORING ANESTHESIA DRUG
DOSAGES, CONCENTRATIONS AND
EFFECTS USING N-DIMENSIONAL
REPRESENTATIONS OF CRITICAL
FUNCTIONS

Confirmation No.: 5909

Examiner: A. Ahmed

Group Art Unit: 3763

Attorney Docket No.: 3102-5938US
(U-3103 (4314 P))

CERTIFICATE OF MAILING

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9/6/2005
Date

Signature

Erika Gandre

Name (Type/Print)

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This communication is being filed in response to the Restriction Requirement mailed on August 3, 2005, the initial period for response to which expires on September 6, 2005, as September 3, 2005, fell on a Saturday and Monday, September 5, 2005, was a federal holiday.
37 C.F.R. § 1.7.